CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST WR. STEPHEN	R	OFFICE USE ONLY
	STEVE PORTER	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #: CITY; AREA CODE PHONE NUMBER	STATE; ZIP CODE	APR 25 2019 OFFICE OF CITY SECRETAR CITY OF SUGARLAND, TX Date Mand-delivered or Date Fortmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS, NANCY NICKNAME LAST PORTER	MI W.	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY: STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 Sth day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 03/26/2019	HROUGH 64	Day Year 24 /2019
11 ELECTION	ELECTION DATE Month Day Year Primary 05/04/2019	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any) SUGAR LAND CITY	13 OFFICE SOUGHT (IF KNOWN SUGAR LAND	CITY
	COUNCIL-DISTRICT 1	COUNCIL -D	STRICT 1
	GO TO PAG	GE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

PORTER, S	TEPHEN I	R. (STEVE)	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6,300.00				
EXPENDITURE TOTALS	1 3 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS		\$ 0		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,342.52		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 20,000.00				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code May 13, 2020 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said STEPLEN R. PORTER (STEVE), this the 25 mg day of April , 20 19, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
Signature of officer administrating oath finited frame of officer administrating oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

PORTER, STEPHEN R. (STEVE) 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$61300.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$9342.52
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 897.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 897.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 21.84
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) PORTER, STEPHEN R. (STEVE) Date 5 Full name of contributor ___ out-of-state PAC (ID#:____ NORM MASON -1-19 6 Contributor address: City: State: Zin 7 Amount of contribution (\$) \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) Naushad & Narmin Kermally Contributor address; City: State; \$250.00 Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) MARY FAVRE City; State; Zip Code \$ 500.00 4-4-19 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of contribution (\$) out-of-state PAC (ID#:_ Huitt-Zollars, Inc. Texas PAC \$1,000.00 4-5-19 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: Z oF 4 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) PORTER, STEPHEN R. (STEVE) 7 Amount of contribution (\$) Bridget Mc Gowen 6 Contributor address; \$200.00 City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Carol and Stuart Porter \$ 200.00 4-14-19 Contributor address; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 4-17-19 \$250.00 City; State; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) out-of-state PAC (ID#:_ or County Commissioner \$50.00 State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) PORTER, STEPHEN R. (STEVE) 7 Amount of contribution (\$) \$150.00 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Qut-of-state PAC (ID#: Amount of contribution (\$) TREPAC \$2,000.00 4-18-19 State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Taylord Kathryn Landin Contributor address; City; State; Zip Code \$ 100,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Andrews & Knoth Texas PAC 4-20-19 Contributor address; City; State; Zip Code \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) PORTER, STEPHEN R. (STEVE) 5 Full name of contributor out-of-state PAC (ID#:_ Lee& Wark Evans 4 Date 7 Amount of contribution (\$) 4-21-19 \$1,000.00 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	, , , , , , , , , , , , , , , , , , ,	Wages/Contract Labor Other (enter a category not listed above	re)
1 Total pages Schedule F1:	2 FILER NAME PORTER, STEPHEN R. (STE	3 Filer ID (Ethics Commission F	Filers)
4 Date 4-6-(9	5 Payee name The Write Idea		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description A in newsletter	
PURPOSE	Advortising Engine	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		, , , , ,
4-6-19	Pamela Printing		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,408.66			
	Category (See Categories listed at the top of this schedule)	Description Mail out, Cards, flyer. Check if travel outside of Texas. Complete Schedule T.	5
PURPOSE OF EXPENDITURE	Advertising expanse	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4-6-19	Sugar Land Heritage Foun	dation	
Amount (\$)	Payee address; City; State; Zip Code		
\$500,00			
	Category (See Categories listed at the top of this schedule)	Description Spansar event	
PURPOSE OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Vages/Contract Labor Other (enter	Of District a category not listed above)
1 Total pages Schedule F1 2 of 4	PORTER, STEPHEN R. (ST		(Ethics Commission Filers)
4 Date 3-31-19	Tenhower Consulting, LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$800.00			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Computed Check if travel outside of Teka). C	
OF EXPENDITURE	Consulting Expense	Check if Austin, TX, officehok	der living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-1-19	Magana Media		
Amount (\$)	Payee address; City; State; Zip Code		
\$3,500.00			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Comparing Check if travel outside of Texts. Co	Consulting omplete Schedule T.
OF EXPENDITURE	Consulting expense	Check if Austin, TX, officehold	er living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4-12-19	AB Communications		
Amount (\$)	Payee address; City; State; Zip Code		
\$400.00			
	Category (See Categories listed at the top of this schedule)	Description Sign Inst	allatim (delivery
PURPOSE OF EXPENDITURE	Advortising expense	Check if Austin, TX, officehold	·
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c		gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethi	cs Commission Filers)
4 Date 4-15-19	PORTER, STEPHEN R. (SI 5 Payee name Chase Card Services	(EVE)	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,481.43			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Credit card payment	Check if travel outside of Texas. Complete Check if Austin, TX, officeholder livir	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4-16-19	Pamela Printing		
Amount (\$)	Payee address; City; State; Zip Code		
\$84.44			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Lands Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-24-19	Steve Porter		
Amount (\$)	Payee address; City; State; Zip Code		
\$21.84			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Reimbursement	Check if travel outside of Texas. Complete Check if Austin. TX, officeholder livin Political expenditures fr	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,
Total pages Schedule F1	PORTER, STEPHEN R. (51	EVE)	Filer ID (Ethics Commission Filers)
Varions	5 Payee name		
Amount (\$)	7 Payee address; City; State; Zip Code		
* 46.15			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside	e of Texas. Complete Schedule T.
OF	Fees	Check if Austin, TX	C, officeholder living expense
EXPENDITURE		PayPal fee	es to ase it
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX	, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			of Texas, Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX	, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED ,

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made B Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	· ·	ns how to complete this form.	Cirio (cirio a calegory not noted above)
1 Total pages Schedule F2:	2 FILER NAME PORTER, STEPHEN R	(STEVE)	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IZED UNPAID INCURRED OBLI	GATIONS	s 0
5 Date 4-4-19	6 Payee name Office Depot		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
\$31.38			
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Descripti	on Name badges
PURPOSE OF EXPENDITURE	Eventempense	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
Date 4-10-19	Payee name Brandina Matters		
Amount (\$)	Payee address; City; State;	Zip Code	
\$ 136.23			
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF Expenditure	Category (See Categories listed at the top of the Advertsing Expense	Check	of -5 hirts if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	EEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Printing Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide expl	ains how to complete this form.		
1 Total pages Schedule F2: 2 ØF 2	2 FILER NAME PORTER, STEPHEN	R. (STEVE)	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OB	LIGATIONS	\$ 0	
5 Date 4-16-19	6 Payee name Brockstreet Bor-	B-Q		
7 Amount (\$)		e; Zip Code		
\$ 378.66				
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Caraby (See Categories listed at the top o	(b) Descript	ion Food for Event	
PURPOSE OF	Event expense	Check	cif travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Food/beverage	Check	k if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 4-23-19	Payee name NBD Graphics			
Amount (\$)	Payee address; City; State	e; Zip Code		
\$350.73				
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top o	·	Ο · X · –	
PURPOSE OF	Advertising expanse		cif travel outside of Texas. Complete Schedule T.	
EXPENDITURE	, J.1	Cneci	k if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	
Forms provided by Texas Ethic	es Commission www.eth	ics.state.tx.us	Revised 9/8/2015	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

				SCHEDOLE 1 4	
	EXPENDITURE CATEG	ORIES FOR	BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Office Overhead Polling Expense Printing Expense Salaries/Wages/	e 'Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)	nse
	The Instruction Guide explain	s how to compl	ete this form.	1	
1 Total pages Schedule F4: 1 0F Z	PORTER, STEPHEN R	· (STEVE	.)	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TOACRED	ITCARD	\$ O	
5 Date 4-4-19	Office Depot				
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
* 31.38					
9 TYPE OF EXPENDITURE	Nolitical	Non-Politica	I		
10	(a) Category (See Categories listed at the top of thi	s schedule)	(b) Description	on Namebadges	
PURPOSE	50.5000			travel outside of Texas. Complete Schedule T.	
OF Expenditure	Eventexpense		Check	if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office	sought	Office held	
Date 4-10-19	Payee name Branding Matters				
Amount (\$)	Payee address; City; State;	Zip Code			
\$136.23					
TYPE OF EXPENDITURE	Political	Non-Politica	ıl		
	Category (See Categories listed at the top of thi	s schedule)	Description	onT Shirts	
PURPOSE	Α41		Check if	ftravel outside of Texas. Complete Schedule T.	
OF Expenditure	Advortising expense) •	Check	if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office	sought	Office held	
	ATTACH ADDITIONAL CODIES O	E THIS SCHI	FDIJI F AS NE	FDFD	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

			JOHE DOLL 1 4
	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F4: 2 0F 2	PORTEZ, STEPHEN R.	(STEVE)	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		\$ O
5 Date 4-16-19	6 Payee name Brookstreet BAR-B-(Q	
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
\$ 378.66			
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Descripti	on Food for Event
PURPOSE	Food/Beverage Expense	Check	if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	race second company	Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 4-23-19	Payee name NBD Graphics		
Amount (\$)	Payee address; City; State;	Zip Code	
\$350.73			
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of th	is schedule) Descripti	on Signs
PURPOSE	11.016	Checki	if travel outside of Texas. Complete Schedule T.
OF Expenditure	Advertising expanse	Check	if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Candidate/Officeholder/Politi Credit Card Payment		es/Wages/Contract Labor to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	PORTER, STEPHEN R. (STE	NE	3 Filer ID (Ethics Commission Filers)
4 Date 3-28-19	5 Payee name Home Depot		
6 Amount (\$) 21.84 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertismy Expense	Check if travel outside	n MS (all Utan matsriz) (s e of Texas. Complete Schedule T. (, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/4		Office sought	Office held
Date	Payee name		,
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE		Check if travel outside	e of Texas. Complete Schedule T. (, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City State; Zip Code		
Reimbursement from political contributions intended			***
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED